COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

FAX: 886-2-2369 7233

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

CARD CONNECTOR WITH REINFORCING STRUCTURE

X i	is attached hereto.					
	was filed on					
		al No	and was amended on			
specif applic applic foreig on wh	fication, including to I acknowledge the cation in accordanc I hereby claim fore cation(s) for paten	he claims, as amended deduty to disclose informate with Title 37, Code of the ign priority benefits und tor inventor's certificated;	nd understand the content by any amendment referre mation which is material to f Federal Regulations, § 1. ler Title 35, United States C te listed below and have icate having a filing date be	d to above. the patent 56(a). ode, § 119 also identifi	ability of this of any foreigi ed below any	
	Number	Country	Date Filed(yyyy/mm/dd)	Yes	No	
	92205187	Taiwan, R.O.C.	2003/4/2	X		
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SE	SEND CORRESPONDENCE TO: JIANQ CHYUN Intellectual Property Office 7F1, No. 100, Roosevelt Rd., Sec. 2, Taipei 100, Taiwan, R.O.C. TEL: 886-2-2369 2800			DIRECT TELEPHONE CALLS TO: (Name and telephone number)		
7F			ice Belind	la Lee		

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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Date: May . 06, 500}

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